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**MISSOURI STATE HIGHWAY PATROL LAW ENFORCEMENT ACADEMY
DEPARTMENT OF PUBLIC SAFETY**

**SCHOOL OF POLICE STAFF AND COMMAND
APPLICATION FOR TRAINING**

Mail To:
Missouri State Highway Patrol
Law Enforcement Academy
Post Office Box 568
Jefferson City, MO 65102

Telephone: 573-751-3626
MULES Terminal: MAC 3
FAX Number: 573-751-6627
E-mail Address: TNDmail@mshp.dps.mo.gov

**Your enrollment cannot be confirmed until this application is filled out completely and returned.
DO NOT send payment with this application. An invoice will be sent when enrollment is confirmed.**

(Type or Print)

STUDENT NAME (Last, First MI)		TITLE/RANK	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
HOME ADDRESS (Street, City, State, Zip)			
BUSINESS TELEPHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS	
<p>Many of the courses conducted at the Academy require physical participation that may range from defensive tactics training to field training projects. The applicant certifies he or she can fully participate in the named course and that the State of Missouri, the Department of Public Safety, the Missouri State Highway Patrol, and any of their employees are released from any and all liability as a result of any injury or disability incurred by the applicant while a student at the Law Enforcement Academy. If special accommodations are required to facilitate attendance, contact the Academy prior to the beginning of the course.</p> <p>The SPSC is a university-based education program intended for mid and upper-level management personnel. The SPSC is not appropriate for entry-level officers, deputies, or troopers.</p>			
NAME OF COURSE NORTHWESTERN UNIVERSITY SCHOOL OF POLICE STAFF AND COMMAND		LODGING REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE(S) OF COURSE Session 1—July 18–29 Session 4—October 10–21 Session 2—August 15–26 Session 5—November 7–18 Session 3—September 12–23			
AGENCY NAME			
AGENCY ADDRESS (Street or P.O. Box, City, State, Zip)			
AGENCY PHONE NUMBER	AGENCY FAX NUMBER	CONTACT E-MAIL ADDRESS	
AGENCY ORI		FEDERAL TAX ID NUMBER	
AGENCY CONTACT PERSON NAME		TITLE/RANK	
I certify that this department has full police powers and that the above named applicant is a regular officer, reserve officer, or civilian employee.			
AUTHORIZING OFFICIAL NAME	TITLE/RANK	DATE	
AUTHORIZING OFFICIAL SIGNATURE (Typing your name is the same as your handwritten signature.)			